

(1) OWNER: Name Nick Seegert Address 445 N. 150th W- Camano Isl Wa. 98292

(2) LOCATION OF WELL: County Isl. Sec. 24 T. 32 N. R. 2 W.M. ~~SW 1/4~~

Bearing and distance from section or subdivision corner NW 1/4 Sec. 24 T. 32 N. R. 2 W.M. In off Highland

(3) PROPOSED USE: Domestic ☒ Industrial ☐ Municipal ☐  
Irrigation ☐ Test Well ☐ Other ☐

(4) TYPE OF WORK: Owner's number of well (if more than one).....

New well	<input checked="" type="checkbox"/>	Method: Dug	<input type="checkbox"/>	Bored	<input type="checkbox"/>
Deepened	<input type="checkbox"/>	Cable	<input type="checkbox"/>	Driven	<input type="checkbox"/>
Reconditioned	<input type="checkbox"/>	Rotary	<input checked="" type="checkbox"/>	Jetted	<input type="checkbox"/>

(5) **DIMENSIONS:** Diameter of well 6 inches.  
 Drilled 5 15 ft. Depth of completed well 43 3/4 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 6" Diam. from 0 ft. to 435 ft.

Threaded ☐ " Diam. from ft. to ft.

Welded ☒ " Diam. from ft. to ft.

**Perforations:** Yes ☒ No ☐  
 Type of perforator used Knife  
 SIZE of perforations 1 1/4 in. by 14 in.  
 ..... perforations from 287 ft. to 296 ft.  
 ..... perforations from ..... ft. to ..... ft.  
 ..... perforations from ..... ft. to ..... ft.

**Screens:** Yes ☐ No ☒

**Manufacturer's Name** ..... **Model No.** .....

**Type** ..... **Slot size** ..... **from** ..... **ft. to** ..... **ft.** .....

**Diam.** ..... **Slot size** ..... **from** ..... **ft. to** ..... **ft.** .....

Gravel packed: Yes ☐ No ☒ Size of gravel: .....  
Gravel placed from ..... ft. to ..... ft.

**Surface seal:** Yes ☒ No ☐ To what depth? 12 ft  
Material used in seal BENTONITE  
Did any strata contain unusable water? Yes ☐ No ☐  
Type of water? \_\_\_\_\_ Depth of strata \_\_\_\_\_  
Method of sealing strata off

(7) **PUMP:** Manufacturer's Name. \_\_\_\_\_  
Type: \_\_\_\_\_ H.P. \_\_\_\_\_

(8) **WATER LEVELS:** Land-surface elevation above mean sea level \_\_\_\_\_  
 Static level 255 ft. below top of well 525-87  
 Artesian pressure \_\_\_\_\_ lbs. per square inch Date \_\_\_\_\_  
 Artesian water is controlled by \_\_\_\_\_ (Cap. valve, etc.)

**(9) WELL TESTS:** Drawdown is amount water level is lowered below static level

Was a pump test made? Yes ☐ No ☒ If yes, by whom? \_\_\_\_\_

Yield: \_\_\_\_\_ gal./min. with \_\_\_\_\_ ft. drawdown after \_\_\_\_\_ hr.

11	11	11
11	11	11
11	11	11

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

[illegible]

Date of test \_\_\_\_\_  
 Water test 10.6 gpm gal./min. with 32 ft. drawdown after \_\_\_\_\_ h  
 Artesian flow \_\_\_\_\_ g.p.m. Date \_\_\_\_\_  
 Temperature of water \_\_\_\_\_ Was a chemical analysis made? Yes ☐ No ☐

**(10) WELL LOG:**

**Formation:** Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Brown Clay	0	30
Blue Clay	30	40
Brown Clay - Gravel	40	105
Sand & Water 5 GPM	105	116
Brown Clay	116	215
Brown Clay - Gravel	215	269
Water - Gravel	269	295
Blue Clay	305	515

Work started 5-18- 19 88 Completed 5-25- 19 88

**WELL DRILLER'S STATEMENT:**

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Dahlman Pump & Well Drilling Inc.  
(Person, firm, or corporation) (Type or print)

Address P O Box 422 Burlington Wa. 98233

[Signed] Jack Kunkin  
(Well Driller)

License No. 0623 Date 5-26-1981



# Well Tagging Form

#009828

Unique Well Tag No: \_\_\_\_\_

AGA750

301

## RECORD VERIFICATION (check ✓ one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

## WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORT

First Name USEALADY HEIGHTS W.S. Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

## LOCATION OF WELL, IF DIFFERENT FROM WELL REPORT

Well Address: ACROSS FROM 930 CAMPBELL DR

City \_\_\_\_\_ County \_\_\_\_\_

T \_\_\_\_\_ N R \_\_\_\_\_ W M Sec \_\_\_\_\_ 1/4 of the \_\_\_\_\_

## FOR AGENCY USE ONLY

Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Elevation at land surface \_\_\_\_\_ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other \_\_\_\_\_

The Department of Ecology does NOT Warranty the Data and/or the information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size of casing, type of well, housing, etc.)

12" CASING INSIDE GREY W/BLE TRIM ~~AREA~~ P.H. (~ 25' x 25' x 15')

SYSTEM NAME ON FRONT 2 LARGE CEMENT RES'S AL  
INSIDE CYCLONE FENCE

Location of Well Identification Tag

*Clay*

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

D	C	B	A
F	G	H	
L	K	J	
P	Q	R	

Scale 1 24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION \_\_\_\_\_

REMARKS

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Right #

Date Issued

One Application Permit Certificate Claim Exempt